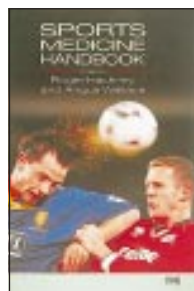


reviews

BOOKS • CD ROMS • WEBSITES • MEDIA • PERSONAL VIEWS • SOUNDINGS • MINERVA

Sports Medicine Handbook

Eds Roger G Hackney, Angus Wallace



BMJ Books, £75, pp 505
ISBN 0 7279 1031 0

Rating: ★★★★★

It is welcome news that more and more people seem to be taking up sporting activities, both leisure and competitive. Recently, when cyclist Lance Armstrong won the gruelling Tour de France after having survived cancer, the amazing news received wide media coverage.

With this increased interest in sport, sports health care has become more

challenging. In this context, *Sports Medicine Handbook* provides a wealth of information for members of the sports healthcare team, including clinicians and trainers. Hackney and Wallace—dedicated teachers, eminent clinicians, and pioneers in sports medicine—have assembled a stellar team of international authors and produced a superb evidence based book.

In contrast to other textbooks on the subject, this one goes beyond the details of physical training to present a variety of fascinating and effective “risk minimising” stretching exercises. Identifying the underlying cause of injury is paramount to preventing recurrence, and the authors share their wisdom in emphasising this principle and go on to discuss systematic management of injuries and rehabilitation.

While injuries are not sex biased, the book provides valuable insight into specific issues related to menstruation, pregnancy, and skeletal integrity in sportswomen, which a clinician may have to deal with from time

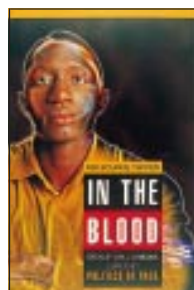
to time. The section on sports nutrition is richly flavoured with pragmatic and prudent dietary tips. Another impressive chapter is “Caring for a team abroad,” which includes useful sermons on how to plan ahead to overcome jet lag, bugs, and boredom. The information on the vexing matter of drugs and doping is also useful.

Professor Wallace, Dr Hackney, and their coauthors have made a valuable addition to the field of sports medicine. The fine colour pictures, high quality x ray films, and informative tables would please any sports medicine enthusiast. Physicians and other healthcare workers involved in sports medicine should find this well designed book immensely useful. A paperback edition, extensive indexing, and inclusion of the health concerns of scuba diving and other exotic sports may attract more readers in future.

V M Krishna Bhaskarabhatla *clinical research associate, Internal Medicine Associates, Mount Sinai Medical Center, New York City, USA*

In the Blood: Sickle Cell Anemia and the Politics of Race

Melbourne Tapper



University of Pennsylvania Press, £21.50, pp 160
ISBN 0 8122 34715

Rating: ★★★

“Race” is a concept that has occupied a prominent place in the American culture for centuries. In spite of being conceptually vague, the use of “race” in health research has a long and sometimes disturbing history. Currently, thousands of publications exist on black-white differences in behaviour and disease patterns. Most anthropologists have rejected the traditional Western notion of race—as bounded, identifiable biological groups—both as a research tool and as a valid representation of biological diversity. Nevertheless, the racialisation of disease continues to be a pervasive

practice, risking the “ecological fallacy” of attributing group level behaviour to the individual and vice versa, and often providing researchers with simple and convenient explanations for complex socioeconomic determinants of ill health.

Since its identification in 1910, sickle cell anaemia has been characterised as a “black” disease, despite its occurrence in people of Greek, Italian, Indian, and Latin American ancestry. *In the Blood* examines why this is. Tapper’s critical analysis of anthropological, medical, genetic, and political discourses on sickle cell anaemia over the past century leads him to conclude that the scientific inquiry of the disorder was driven by such notions as racial difference and genetic purity and superiority. He argues convincingly that, by using the ostensibly value free science of genetics and laboratory medicine, these eugenic ideas were legitimised and normalised.

Sickle cell anaemia has been used to question the racial identity of white patients afflicted by the disease; to support prevalent social concerns about the interbreeding of races and, more generally, the dangers inherent in “negro blood”; and even to uphold the notion that modern humans evolved from multiple origins. Tapper comprehensively examines these and other issues. He provides only sketchy details, however, on how the disorder was used to further the cause of the civil rights movement in the United States and omits

discussion about the disastrous misinformation provided about the disease during the Black Panther campaigns.

Sickle cell anaemia remains a controversial disorder even today. While universal newborn screening for the disease has been implemented in most US states, many centres, including most in Britain, use targeted screening. High risk groups continue to be identified by racial and ethnic traits. The value of universal screening is supported by the results of California’s newborn haemoglobinopathy screening programme. It identified 7000 non-black carriers of the sickle cell trait or disease among two million infants screened.

In the Blood has something to convey beyond what it says about sickle cell anaemia. Tapper bases his work on the notion espoused by French critical thinkers such as Foucault and Delaporte that disease does not exist outside of discourse and practice. It provides a fine example of an analytical framework which could be used to critically review current research linking conditions such as hypertension, low birth weight, and AIDS to race. I found this to be a stimulating read, once the turgid introductory chapter was negotiated, and a valuable contribution to the literature on the social construction of race and disease.

Haroon Saloojee *community paediatrician, University of the Witwatersrand, Johannesburg, South Africa*



The Messenger: The Story of Joan of Arc

Directed by Luc Besson

Gaumont Pictures/Columbia Tristar, on general release in north America

Rating: ★★★

“When I was thirteen years old, I had a voice from God to help me govern my conduct... The first time I was very fearful. And came this voice, about the hour of noon, in the summer-time, in my father's garden... I heard the voice on the right-hand side, towards the church; and rarely do I hear it without a brightness. This brightness comes from the same side as the voice is heard. It is usually a great light... This voice was sent to me by God and, after I had thrice heard this voice, I knew that it was the voice of an angel. This voice has always guided me well and I have always understood it clearly.”

This is the description of her voices provided by Joan of Arc at her trial for heresy (from R Pernoud's book *Joan of Arc by Herself and Her Witnesses*, translated by E Hyams and M D Lanham). In other passages she describes the voices of Saints Catherine and Margaret and the archangel Michael, speaking to her in the second person. She is sometimes guarded about their content, but much of what she volunteers relates to her mission to crown a king of France. In 1431, at the age of 19, she would be burned as a heretic, but in 1456 she was “rehabilitated” by a posthumous retrial. Eventually, she would be beatified as a saint of the Roman Catholic Church (in 1894). We know more about her life than about most other medieval figures



Joan of Arc, inspired or insane?

because of the sworn statements acquired at these two trials. Historians are agreed on the basic facts, but the story of Joan has acquired accretions of interpretation, reinvigorated by novels, films, plays, politics, and polemic. She had a brief successful military career, but she was captured, betrayed, and ultimately condemned at the political show trial of its day, a theme explored in G B Shaw's play *Saint Joan*.

Now comes this new offering from the French director Luc Besson, the maker of action films such as *Nikita* and *The Fifth Element*. What he brings to the story of Joan is the full impact of Hollywood bombast—a Joan for the MTV generation. And this he does very well. He convincingly conveys the sheer brutality of medieval conflict and the social milieu that nurtured the belief in the coming of a virgin to “save France.” Although he alters the phenomenology of Joan's experiences considerably (and risks parody by borrowing too heavily from *The Omen*, the legend of King Arthur, and the story of Little Red Riding Hood), he manages to convey the central dilemma confronting those who consider the details seriously: how could these events have occurred? Was Joan inspired or insane?

Besson resorts to all that is admissible in our secular age: the contrast between the unusual child, out of keeping with her peers, seemingly too religious too young (with a hint of ecstatic epilepsy), and a pathography that emerges in the context of trauma, giving rise to two interpretations of her motivation—idiosyncrasy or pure revenge. Here, I think, he does Joan a disservice, for he invents a pivotal trauma and denies her the meanings that she herself would have understood. He also denies her a subtlety that she clearly evinced throughout her trial. An illiterate girl, she was imprisoned for a year and repeatedly cross examined by multiple interrogators, at times 30 to 40 in the room. Yet, even under these conditions the records show that she was clear in her reasoning and cognisant of ambiguity. She noted that the voices had told her that her suffering would end soon, though she did not know if they meant an end to prison or to life itself.

Sean A Spence *De Witt-Wallace visiting research fellow in psychiatry, New York Hospital-Cornell Medical Center, New York, USA*

A book that changed me

Birdsong

Sebastian Faulks

Vintage, £6.99, pp 416
ISBN 0 09 938791 3

Isuspect there are many books that have moulded me, shaped my personality, even determined my mood from one day to the next, but, for its sheer impact and seismic change on my outlook on life, I must choose *Birdsong*.

This is one of the most startlingly evocative books of this, or any, generation. Starting as a rather gentle romantic tale set in France in the early years of this century, the story takes a dramatic lurch into the horrors of the trenches of the first world war. Although it is a familiar story, Faulks produces a vivid and

traumatising description of the sights and sounds of life and death in (and under) the trenches. The pure fury and intensity of the imagery created page after page is, by turns, compelling, profoundly shocking, and, ultimately, desperately uncomfortable to read.

It slowly dawned on me that, among my patients, I must actually have known some people for whom these imagined experiences and atrocities had been only too real—for weeks, months, and even years on end. My ritualistic and somewhat perfunctory history taking had, I now guessed, been insultingly superficial for some of these diehards, now undoubtedly frustrated by their increasing antiquity and physical infirmity. Despite the horrors they had faced in the past, and the increasing uncertainties they faced for the future, they had remained stoic to the last, as if any sign of weakness was a signal to

the Almighty that those battles fought 70 years before had been in vain. I could not help wondering, however, if these increasingly frequent battles with ill health would finally sap their spirit.

I realised that Faulks' work had allowed me to appreciate that true greatness might often be close at hand. It also brought home to me that, even in our fin de siècle sophistication, inhumanity and depravity will never be far from us—they are the flip side of the human coin. Without wanting to sound unduly pious, I do commend this book to anyone wishing to spend a few humbling hours trying to understand the sacrifices that some among us made.

Paul Slade *medical adviser (anti-infectives), Bristol-Myers Squibb Pharmaceuticals*

We welcome contributions for “A book that changed me” of up to 400 words.



Don't Be Ashamed

Embarrassing Illnesses, Channel 4,
Tuesdays at 8 30 pm, until 21 December

A middle aged woman turns to the camera and lists the names she has been called: scabby, leper, unclean. She has been spat at in the street. Her crime? She has psoriasis. The stigmatising effect of disease is being explored in the television series *Embarrassing Illnesses*. This comprises six 30 minute programmes—"Smells," "Bowels," "Skin," "Periods," "Sexual Health," and "Testicular Cancer"—each focusing on a handful of patients who are slowly adapting to the lasting consequences of being different.

Maxine Whitton has had vitiligo for over 30 years. She has watched powerlessly as patches of her black skin have turned white. Explaining how she cannot leave her house without cosmetic camouflage, she says: "The camouflage is a mixed blessing. It gives you confidence but it is also a thing to hide behind, so you don't have to face your problems." Strangers feel uncomfortable with the way she looks. We see her visiting a cognitive behavioural therapist, who is helping Maxine to cope with the adverse comments made by other people. Her therapist gives her techniques to take back control in these awkward situations.

This need for patients to gain mastery over their disempowering illness recurs throughout the series. Jemma Lee's chlamydia infection was the precursor to her pelvic

inflammatory disease, and her life is now dominated by pelvic pain and subfertility. She has a communicative and supportive relationship with her partner Ben, and the couple discuss the difficulties that Jemma's illness has placed on their sexual relationship. During sex, she says, "it's like there's someone else with us all the time." What Jemma wants is "to get to a point where I can manage it, rather than it manage me."

The emotion of embarrassment is not felt in isolation, but is intimately tied in with societal reactions. At its most severe, an individual may feel disqualified from social acceptance. *Embarrassing Illnesses* is particularly successful in portraying the enormous impact of disease on people's personal and social lives. "Bowels" follows 27 year old Gareth Berliner through his daily activities living with Crohn's disease. He shows the viewer his elasticated pants and incontinence pads, which mop up the discharge from his rectal abscess. A rectal stitch keeps the wound open—and keeps him from being in a relationship. In a remarkably candid sequence, which never feels overintrusive, we watch him carefully insert a nasogastric tube and connect himself up to an overnight drip of supplementary feeds. Not the sort of thing he'd want to be doing if he had a partner sleeping next to him. His eloquence in discussing his isolation makes for powerful and informative documentary.

Adolescence is a time of acute self consciousness driven by an urgent desire for peer acceptance. Imagine then that you are a teenage girl, and you go out to a restaurant with your friends. On your way home, you are violently incontinent of faeces in the street, in front of your friends. Victoria Stephens felt so degraded by this incident that she opted for an ileostomy. Now she is



In "Skin," Angela Olsen discusses her psoriasis

getting dressed for a night out with her girlfriends, showing them the stoma bag and coordinating it with her outfit. This relaxed scene has a normalising effect on viewers after such a moving testimony.

The series rarely preaches. It chooses instead to gently prompt viewers to seek help for conditions that they may be enduring in silence. In "Smells" we see successful treatments for smelly feet and terrible body odour. One woman's hyperhidrosis is severe enough for her to opt for a sympathectomy, and both the benefits and risks of this operation are presented in a balanced way. The surgery cures her sweaty armpits, but she develops compensatory sweatiness elsewhere in her body, a well known complication.

In "Testicular Cancer" it is fascinating that the men's focus on their possible death seems to cancel out their feelings of embarrassment. This may, of course, be a healthy defence mechanism. The radio disc jockey Gary Burgess says, "It doesn't matter that it was my balls." He's now back on the radio after finishing chemotherapy and is spreading the word of testicular self examination.

The director of this series wanted to place these illnesses in a broad political context, and, to do so, he has used information graphics which flash up on the screen to break up the personal interviews. Unfortunately, many of these are unintentionally amusing non-sequiturs. In "Sexual Health," for example, we are told dramatically that "In the UK we spend £75 million per year on condoms, but we spend three times as much on bread." What's the message here?

There are also some glaring omissions. It seems extraordinary that a programme on the embarrassment of sexual health problems fails to mention HIV infection, and the makers have missed an opportunity to cover the stigma of mental illness. But their no nonsense approach generally works well in conveying a mix of fact and feeling, and increases awareness and acceptability of a number of conditions. In his classic 1968 book *Stigma* Erving Goffman wrote that when we see a stranger with an unusual attribute he or she is "reduced in our minds from a whole and unusual person to a tainted, discounted one." Viewers of *Embarrassing Illnesses* may be less inclined to discount others in the future.

Gavin Yamey *editorial registrar, BMJ*



WEBSITE OF THE WEEK

Open archives Just as open source software (for which the programming code is freely available to allow modification and redistribution of the software) seems likely to supplant the proprietary offerings of Microsoft and others in the long term (www.opensource.org/), so open academic archives seem likely to replace the baffling and expensive proliferation of minority specialist journals. At the Open Archives initiative (vole.lanl.gov/ups/) a group of academics with experience of managing electronic archives call for the creation of "a fundamental and free layer of scholarly communication above which free and commercial services could flourish" (vole.lanl.gov/ups/ups-invitation-ori.htm). The site is an interesting example of a web based development paradigm: every important development is archived on the site, and the email discussions of the participants have been archived at vole.lanl.gov/pipermail/ups/. You can read, for example, the underlying discussion on why the name was changed from the original Universal Preprint Service initiative and a deconstruction of the argument, made by some commercial publishers, that some servers are "public" and some "private" (vole.lanl.gov/pipermail/ups/1999-November/000081.html).

The grand-daddy of all open print archives is the physics preprint archive at xxx.lanl.gov/. Naturally its index page is a 12 kb model of swiftly downloading propriety, though the underlying information structures are highly sophisticated. One of the new skills of the academic is to combine aptitude for LaTeX typesetting with some nifty optimisation of graphic files for the web. Neither skill is trivial to acquire, nor is it insurmountably difficult. The physicists, at least, have judged the price of their acquisition worth paying for the immediacy of publication on the web. To get a feel for the conventions that have made free and immediate communication possible in any academic subject, peruse the links from xxx.lanl.gov/help/.

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PERSONAL VIEW

Millennium pay

Listening to the millennium prophets of doom, I am reminded of those *Reader's Digest* quizzes where you are given an impossible choice of answers.

The quiz goes something like this:

"You are a health service manager and next new year's eve electricity and water supplies will be interrupted, all emergency communication centres will crash, traffic will be in chaos, and ambulances suddenly immobilised. Many of your staff call in sick and all of those on call are sloshed. Your usual shortage of hospital beds has been exacerbated by unprecedented cutbacks in social services provision. At long last you experience a winter not previously seen since 1963 and Asian flu sweeps the country. You have six months to prepare for the event—what do you do? (a) Apply for early retirement; (b) lie on the floor with your legs in the air impersonating John Cleese; (c) follow national advice and tell your staff how wonderful they are and that their dedication is not taken for granted, and that this will be demonstrated by the offer of a free meal in the staff canteen; or (d) draw up a fully comprehensive contingency plan."

At my stage of life option (a) is tempting, except for the thought that the prophets of doom may have gone slightly over the top. Perhaps the riotous street celebrations will not materialise and outside Glasgow folk will show their normal hedonistic restraint—"Just a small dry sherry please, dear, otherwise I'll never stay awake until midnight." I tried option (b) when I discovered that I had an 18 month waiting list breach, but colleagues thought that it was demeaning to the post of chief executive. Option (c) is the safe bet—keep your head down, follow the rest of the pack, and, if anything goes wrong, blame those above.

Completely out of character and for reasons which we do not quite understand we seem to have started on option (d).

Staff were getting restless that we had not met the promised deadline for letting them know whether or not they would be required to work on new year's eve. Staff could not be asked whether they were

willing to volunteer to fill rota slots until we knew what enhanced pay, if any, was on offer. We didn't know what pay to offer until we had an indication of how short we might be on volunteers at normal Whitley rates. With his usual perceptiveness, my director of personnel summed up the position—"It's a question of the chicken and the egg and we don't have a chicken or an egg."

Then, with an unprecedented rush of blood to the head, he presented the staff side with a pay offer which was readily accepted. For working an eight hour shift finishing after 10 30 pm on new year's eve, all staff would be paid £150 over and above their normal pay rates. Those working an eight hour early shift on new year's day would receive £75. Those on call

would receive a third of those sums. The offer was simple and easily understood. It was fair in that it recompensed everybody, regardless of grade, on the same basis in recognition of the fact that they would not be able to see in the millennium with friends and family. It was also just about affordable. For a £70m a year trust, the cost would be about £100 000 over and above normal new year's eve payments.

Staff have reacted positively to getting the issue sorted out and rotas are now being filled relatively easily. Colleagues in other trusts and health authorities have reacted more hesitantly. Understandably anxious about the precedent and the cost, they are nevertheless complimentary about the basis of the settlement and the fact that a benchmark settlement has been reached which is seen to be fair, without being cripplingly expensive.

Staffing levels have been set which recognise that next new year's eve will be busier than usual, but a risk has been taken that staffing up to major accident plan levels will not be necessary.

Striking a balance between the prophets of doom and those who predict new year's eve will be a damp squib is not easy. Deciding whether to keep costs down to a minimum or to strike a pay deal which would ease the inevitable staffing difficulties was a fine judgment. Time will tell as to whether the judgment in Worthing was correct or whether early retirement would have been a better option.

Alan Randall *chief executive, Worthing and Southlands Hospitals NHS Trust*

Staff have reacted positively to getting the issue sorted out and rotas are now being filled relatively easily

Striking a balance between the prophets of doom and those who predict new year's eve will be a damp squib is not easy

SOUNDINGS

Playing the guru

An expert is, by modern definition, a person who comes from a long way away and gives a Powerpoint presentation.

Several months ago I was asked by a group of Italian specialist physicians to speak at their annual bash in Florence. They sent details of the top class hotel and extensive fringe programme, which I carefully scrutinised, and of the conference itself, which I did not. It all seemed like the ultimate free lunch.

My keynote lecture made liberal use of the latest presentation software. Background graphics pulsed subliminally to keep the audience's attention, bullet points dissolved on to the screen one by one, and key phrases changed from pale blue to dayglo green on a discrete click of the mouse. By the time I had finished, the packaging of my talk amply reflected the title and accompanying blurb, which promised "a new ethic," "extended horizons," and similar upbeat content.

The plane was three hours late, and I foolishly encouraged the taxi driver to make haste. In the five mile trip from the airport, he shot six red lights and hit three kerbs, two parked cars, and a dog. I arrived at the conference venue with my sympathetic nervous system in overdrive to find an audience of several hundred already assembled and posters everywhere advertising me as "Opinion Leader Internazionale."

With 10 minutes to go, I discovered that my state of the art software was technically incompatible, and that my reserve floppy disk with lowest common denominator graphics was probably somewhere on the floor of the taxi. I typed furiously during the preambles and produced a truncated skeleton of my talk with seconds to spare.

The lights went down. I rose to expectant applause and clicked the button for the first slide. "Evidijcze bashfd meddicinr," read the plain black text. My 7 year old son, who had come along for the ride, chose this moment to inform me that the boiled sweet with which he had been bribed to remain backstage was not to his liking.

I gritted my teeth and ploughed my way through the remaining 19 frames of dyslexic script. My chairman, who had fortunately made a point of getting his comments professionally translated in advance of the occasion, saved the day. "My dear Professor," he said, "may I be so honoured to thank you deeply for this outstanding and truly inspirational talk."

At least I had the grace to blush.

Trisha Greenhalgh *general practitioner, London*

If you would like to submit a personal view please send no more than 850 words to the Editor, BMJ, BMA House, Tavistock Square, London WC1H 9JR or email editor@bmj.com